

Please mail Registration to:
Secretary of State Jan Brewer
Contracted Fundraisers Division
1700 West Washington, 7th Floor
Phoenix, AZ 85007

Tucson Office: 400 W. Congress Ste. 252
(602) 542-6187
(800) 458-5842



FILE NUMBER _____
\$25.00 Filing Fee

CONTRACTED FUNDRAISER REGISTRATION FORM

A.R.S. §44-6554

A contracted fundraiser must complete and file a Contracted Fundraiser Registration form with the Secretary of State's Office before conducting a fundraising campaign for a Charitable Organization.

Please print or type.

1. Name of the Contracted Fundraiser: _____

D.B.A.: _____

Contact Person: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

2. If the Contracted Fundraiser is located outside of Arizona, please list a local contact person.

Name: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____

3. List the states and agencies in which the Contracted Fundraiser conducts fundraising activities.

ATTACH ADDITIONAL SHEETS IF NECESSARY

4. Describe below any conviction or plea of no contest to a felony or misdemeanor involving fraud, dishonesty, false statement or the receipt or the expectation of receipt of anything of pecuniary value or a violation of A.R.S. Title 44, Chapter 9, Article 6.

Date of Offense: _____

Place of Offense: _____

Nature of Offense: _____

Date of Offense: _____

Place of Offense: _____

Nature of Offense: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

I, the undersigned, swear under penalty of law that the representations mad in this Contracted Fundraiser Registration form are true and accurate.

If the contracted fundraiser is an individual, that individual shall complete the following:

Printed name of Contracted Fundraiser: _____

Signature of Contracted Fundraiser: _____

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public signature _____

(NOTARY SEAL)

If the contracted fundraiser is an organization, a person authorized to sign for the organization shall complete the following:

Printed name of Representative: _____ Title: _____

Signature of Representative _____

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public signature _____

(NOTARY SEAL)

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